#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethica Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / Μİ OFFICE USE ONLY **OFFICEHOLDER** NAME Jon LAST mr NICKNAME SUFFIX Bulock ADDRESS / PO BOX: APT / SUITE #; 4 CANDIDATE / STATE: ZIP CODE 5808 Bettinger Drive **OFFICEHOLDER MAILING** CITY SECRETARY'S OFFIC **ADDRESS** Colleyville, TX 76034 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (817) 721 -6061 **PHONE** MS / MRS / MR 6 CAMPAIGN мі Receipt # Amount \$ **TREASURER** MIS Kathryn Date Processed NAME NICKNAME SUFFIX Date Imaged Kautie Krause STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 4301 Brookhollow Drive **ADDRESS** (Residence or Business) Collegville, TX 76034 AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** 709 - 8964 (817) PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded \$500 limit July 15 8th day before election Final Report (Attach C/OH - FR) 10 PERIOD Month Day Month Day **COVERED** 3/26/19 4/25/19 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Day 5/4/19 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Colleguille City Council, Place 1 **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
Jon Bu	llock			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITY OF POLITICAL EXPENDITY OF POLITICAL EXPENDITY OF POLITICAL EXPENDITY OF MAY HAVE BEEN MADE WITH WISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME	<del></del>	
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3050**	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES \$ 41 いろほ			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	AY \$ (1,113 19)	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	* S	
18 AFFIDAVIT				
and the parties of th		i swear, or affirm, under penalty of per true and correct and includes all inforr under title 15, Election Code,		
CHRISTINE LOVEN  My Notary ID # 11092587  Expires May 2, 2022				
		Signature of Candid	date or Officeholder	
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscri		y the said <u>Jon Bullock</u> o certify which, witness my hand and seal of office.	, this the <u>2440</u>	
Christine	Lover )	Christine Loven	Notary	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jon E	Bullock		
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
415/19	Beverly Mauis 6 Contributor address; City; State 4301 Greenmeadow S Colleguille TX 7603  upation/Job title (See Instructions)	200=	
8 Principal occu	, , , , , , , , , , , , , , , , , , , ,		
Peti	ired	N/A	
Date	Full name of contributor	.C (ID#:)	Amount of contribution (\$)
4/25/19	Anonymous Contributor address; City; State	e; Zip Code	100%
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
n	1/a	Ma	
Deta	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/16/19	Mark Harrison Contributor address; City; State 1421 Douglas Ave Colleguille, TX 7603 c pation / Job title (See Instructions)	e; Zip Code	10000
Srincipal occur	Colleguille, IX 7603c	1	
		Employer (See Instruct	ions)
	tired	n/a	
Date		C (ID#:)	Amount of contribution (\$)
4/18	Jon Bullock Contributor address; City; State 5808 Bettinger Dr Colleguille 7x 76034 Dation / Job title (See Instructions)	e; Zip Code	2500
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
IT Sei	ruices/consultant	Self employ	sed
	ATTACH ADDITIONAL COPIES OF A CONTRIBUTION OF STATE OF ST		

MONE	TARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1		
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$)		
4/25/19	Floyd Swaim Sr. 6 Contributor address; City; State; Zip Co. Po BOX B Colleyville, TX 76034	ode	50 <u>°</u>		
8 Principal occu Peti	pation / Job title (See Instructions)  9 Emp	oloyer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
4/25/19	Contributor address; City; State; Zip Co 3800 Trail world in	ode	50°°		
Principal occur	pation / Job title (See Instructions)  Empl	loyer (See Instruction	And)		
	7/a C	· ·	Ulby		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
4/25/19	Bob Tomes Contributor address; City; State; Zip Co 950 S Central Expression	ode 4	5000		
	McKinney, TX 75072				
Principal occup	ation / Job title (See Instructions) Empl	loyer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code				
Principal occup	eation / Job title (See Instructions) Emplo	loyer (See Instruction	ons)		
	ATTACH ADDITIONAL COPIES OF THIS SO If contributor is out-of-state PAC, please see instruction gui				

### SCHEDULE F1

		EXPENDIT	URE CATE	GORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Exp Gitt/Awards/Memori Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer ID (Ethics Commission Filers)
10f2	Jon	Bullock				
4 Date 니(영(유	5 Payee na					
	etur	ciraising	Conn	<u>ectic</u>	ons, uc	
6 Amount (\$)						
2050	2831	G Stre	-			
8		(See Categories listed			صاد (b) Description	
	(a) Category	(300 Categories listed	ar me tob or mis so	cneaule)	` ´	utside of Texas. Complete Schedule T.
PURPOSE OF	Acro	المحادث	2	_	<u> </u>	n, TX, officeholder living expense
EXPENDITURE		inting/i	Fee	う こ		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder	name		Office sought	Office held
Date	Рауее па	me				
4/8/19	นร	Post o	ffice			
Amount (\$)	Payee ad	dress; Cit	y; State; Zi	p Code		
385 ss		Hall Jona ville T				
PURPOSE OF EXPENDITURE		(See Categories fisted	<del></del>	chedule)	<del></del>	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder r	ame		Office sought	Office held
Date	Payee na	me				
4/8/19	OFF	ce Pep	o+			
Amount (\$)	Payee ad		/; State; Zip	Code		
116 96	1415	N Pipelia	e Rd			
1(6 .5	Hurst	- 7X 76	<u>as</u> 3			
	Category	(See Categories listed	at the top of this sc	hedule)	Description	
PURPOSE OF					$\overline{}$	eide of Texas. Complete Schedule T.
EXPENDITURE	Adve	rtising	Exper	750	Check if Austin,	TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

### SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Releted Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
4 Date 4 /15/19	Jon Bullock 5 Payee name Big Frog T-Shir	+s	<u></u>	
6 Amount (\$)	Big Frog T-Shire 7 Payee address; City; State; Zig 9543 Sage Mead Keller TX 76177	ow Tri		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising the construction Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
4/22/19	Little Grant Pri	ntecs		
Amount (\$)	Payee address; City; State; Zip 7905 らしこ みし			
3,244.26	North Richland +		180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel ou	ntside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/22/19	Wix. com			
Amount (\$)	Payee address; City; State; Zip 2401 Mission St	Code		
201.75	San Francisco Ct	94110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel out	tside of Texas. Complete Schedule T. . TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
			2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	MECEIVEM
	ADDRESS / PO BOX; APT / SUITE #;		APR 0 3 2019
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; 0	· ·	CITY SECRETARY'S OFFICE
ADDRESS  Change of Address	Colley ville TX 76		226 p.m.
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(817) 721 -6061	EATENDION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Katie Krause		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	4301 Brookhollow	<b>-</b> ,	• 0000
(Residence or Business)	Colleguille, TX 7003	4	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
• DEPOST TVDE			
9 REPORT TYPE	January 15 🔀 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1/1/19	THROUGH 3 /	25 /19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	5 / 4 / 19 🔀 General	Special	
12 OFFICE	OFFICE HELD (if eny)	13 OFFICE SOUGHT (if known)	
		Colleguille (	City Council.
			Placel
	GO ТО І	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	_		15 Filer ID	(Ethics Commission Filers)	
Jon	Bullock			-	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
1	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		I			
	ļ	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION					
TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN ZED \$	3,480%	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,480 00 >	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
, ,	4. TOTAL F	POLITICAL EXPENDITURES	\$	1376.84	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	2,10 <u>3</u> ×16	
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$	0	
18 AFFIDAVIT					
		I swear, or affirm, under penalty of progression true and correct and includes all information under Title 15, Election Code.	ormation req	uired to be reported by me	
		Signature of Cano	didate or O	fficeholder	
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscrib	bed before me, b	v the said Jon Bullock	thi	is the 4th	
day of Appil	^	certify which, witness my hand and seal of office.		is the <u>reserve</u>	
Christine (	Loven	Christine Loven	No	tary	
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

4 Date 5  2/21/19 6 ST Co  8 Principal occupation I* Ser	Full name of contributor out-of-state PA  ION BULLOCK  Contributor address; City; State  BOB Bettinger Dr  Ollegville TX 76034  To Job title (See Instructions)  Vices / Consultant	e; Zip Code  9 Employer (See Instruct	7 Amount of contribution (\$)
Jon Bu  4 Date  5  2/21/19  6  5  Cu  8 Principal occupation  I* Serv	Full name of contributor out-of-state PA  ION BULLOCK  Contributor address; City; State  BOB Bettinger Dr  11244:112 TX 76034	e; Zip Code  9 Employer (See Instruct	7 Amount of contribution (\$)
2/21/19 6 5 Cu 3 Principal occupation It Serv	Contributor address; City; State BOB Bettinger Dr D11eyv:11e TX 76034	e; Zip Code  9 Employer (See Instruct	
Principal occupation  I* Ser	Contributor address; City; State BOB Bettinger Dr  21124ville TX 74034  1/Job title (See Instructions)	e; Zip Code  9 Employer (See Instruct	\$30*2
Principal occupation  It Ser	n / Job title (See Instructions)		
It Ser			lions)
		ICS Service	•
	<del>-</del>	C (ID#:)	Amount of contribution (\$)
	Danee Mastagni Contributor address; City; State H108 Pembrooke Pkwy W Colleyville TX 76034	e; Zip Code	\$ 250°°
	/ Job title (See Instructions)	Employer (See Instructi	ons)
Consultant Self employ			•
		; (ID#:)	Amount of contribution (\$)
2/25/19 0	Christy Spivey contributor address; City; State 907 Martin Pkwy	; Zip Code	# 100a
	colleyville, TX 76034		
Principal occupation	/ Job title (See Instructions)	Employer (See Instruct)	ons)
Professo	>C	UTA	·
		(ID#:)	Amount of contribution (\$)
725/19 0	Aelissa McConnell ontributor address; City; State 717 Avondale Dr	Zip Code	# (SS 55
C	ollequille, TX 76034		
Principal occupation /	Job title (See Instructions)	Employer (See Instruction	ons)
Retired		N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: ユッテ (タ	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Jon 2	outlack			
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
	Tom Hart			
2/25/19	6 Contributor address; City; State		<b>9</b> 100≈	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	A1	
ľ	•		tions)	
Retired	<i>3</i>	N/A		
Date		C (ID#:)	Amount of contribution (\$)	
3/3/19	Martna Harrison			
12/17	Contributor address; City; State 5604 Baybrecze Dr		\$ 50°°	
	Flower Mound, TX 7502	1		
	pation / Job title (See Instructions)	Employer (See Instruct		
Insic	rance Agent	Regent Insu	crance Group	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
3/8/19	Contributor address; City; State; Zip Code \$25000			
	Colleguille, TX 76034			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Reti	red	N/A		
Date	Full name of contributor uut-of-state PAC	; (ID#:)	Amount of contribution (\$)	
3/16/19	6510 Connic Lane	; Zíp Code	\$ 50°°	
	Colleguille, TX 76034			
	ation / Job title (See Instructions)	Employer (See Instruct	· .	
Land	Man	Herola Wink	s Vallhonrat LLC	
<u> </u>				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 of 6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 3/17/19 ... Kathy Da ... ... City; State; Zip Code 3404 Middleton Way £ 100 € Colleyville, TX 70034 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) Citigroup Programmer Full name of contributor Date out-of-state PAC (ID#:\_\_ Amount of contribution (\$) Leslie A Davis Contributor address; City; State; Zip Code 161 Mill Valley Dr W \$500° Colleguille, TX 74034 Principal occupation / Job title (See Instructions) Employer (See Instructions) NA Retired Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City; State; Zip Code 3/1/19 \$5000 4816 Carmel Place Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 6204 Rock Oove Cir 3/1/19 8,250° Colleguille, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 4 of 6 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jon Bullock ate | 5 Full name of contributor | out-of-state PAC (ID#:\_\_\_\_\_\_ 7 Amount of contribution (\$) 3/25/19 6 Contributor address; City; State; Zip Code \$ 1000 47008 Calbernet Circle Colleguille, TX 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) H/A Retired Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 3/25/19 المرامدة المرافعة ال \$ 200° 1312 Somerset Ct Colleguille, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Giっこ Pederson Contributor address; City; State; Zip Code 3/25/19 \$ 2000 3001 Matterhorn Dr Bedford TX 74021 Principal occupation / Job title (See Instructions) Employer (See instructions) N/A MA Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) ...Skephen. Webb ..... 3/25/19 Contributor address; City; State; Zip Code \$ 200: 6402 Champion way Colleguille, TK 76034 Principal occupation / Job title (See Instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jan	Bullock		
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/25/19	Patricia Lewis  6 Contributor address; City; State  209 Baklawn Or  Collegnille TK 76034	; Zip Code	\$ 1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	N/A	N/A	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
3/31/19	Contributor address; City; States  4828 Lakeside Dr  Collegy: 11e tx 76034	; Zip Code	9 50°
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iono
	Retired	H/A	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/31/19	Mic Deakin City; State;	Zip Code	£ 20°€
	Collegville TX 76034		
Phncipal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	<del>-</del>	(ID#:)	Amount of contribution (\$)
4/2/19	1100 Nueces Ct	Zip Code	\$ 200:2
	Colleguille TX 76034		<del></del>
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	ATTACH ADDITIONAL COPIES OF		•

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 6 of 6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Kay Allen 6 Contributor address; City; State; Zip Code 4308 Pembrooke Pewy N \$500 Colleguille TX 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Allen Wealth Management Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 4/2/19 Contributor address; City; State; Zip Code \$ 5000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bowward Animal Clinia Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete thie form.	Other (erner a category flot listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1 of 2	Jon Bullock				
4 Date	5 Payee name				
3/18/19	NJ Graphic Design				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8993.74	203 E Worth St				
.,,5,,,,	Graperine TX 76051				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	and the same of th	Check if travel outsl	de of Texas. Complete Schedule T.		
OF EXPENDITURE	campaign materials	Check if Austin, 1	TX, officeholder living expense		
	-advertising expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	77077			
3/26/19	Home Depot				
Amount (\$)	Payee address; City; State; Zip Code				
B 54.30	6411 Precinct line				
54.50	Morth Richland Hills, TX 76182				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
OF EXPENDITURE	Stakes for signs				
	- advertising expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
3/28/19					
0/20/19	Campaign Short Cuts				
Amount (\$)	Payee address; City; State; Zip Code		1-10-10-1		
8 259.80	571 Austin Ct				
9 254.80	Coppell TX 75109				
	Category (See Categories listed at the top of this schedule)	Description	The state of the s		
PURPOSE	campaign software	Check if travel outside of Texas, Complete Schedule T.			
OF EXPENDITURE	·	Check if Austin, TX	(, officeholder living expense		
	-consulting expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDI	<b>ED</b>		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

and an	The instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1: る に え	I .		3 Filer ID (Ethics Commission Filers)
	Jon Bullock		
4 Date 3/27/19	5 Payon name efundraising connections,	ىبد	
6 Amount (\$)	7 Payee address; City; State; Zip Code		****
, , ,	2831 G Street, Ste 120		
B 69 60	Sacramento, CA 95816	,	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Accounting/Banking fees	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1	
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			tside of Texas. Complete Schedule T.
OF			TX, officeholder living expense
EXPENDITURE		<del>,</del>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	$\overline{}$	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			